

Work Order ID 103769

103769

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July-22-13 2:45:53 PM

Item ID: ~~TBA28B~~ *D3600-1* Accept **N900040100** Setup Start **NS1**
 Revision ID: *u* Stop **NS2**
 Item Name: CABLE TIE FASTENER
 Start Date: 6/25/13 Start Qty: 3.00 **3** Cust Item ID:
 Required Date: 6/26/13 Req'd Qty: 3.00 **3** Customer: CU-DAR001
 Reference: RMA RA111567 - *RETURN*

Approvals: Process Plan: *u* Date: Tooling: Date: Run Start **NR1**
 QC: Date: SPC (Y/N): Date: Stop **NR2**

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
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Draw Nbr	Revision Nbr
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100		0.00							
<i>*100*</i>		0.00							
QC	Memo								
Quality Control	INSPECT RA111567 3 X TBA28B B95863								

110	Identify as per dwg & Stock Location:	0.00							
<i>*110*</i>		0.00							
Packaging	Memo								
Packaging	RETURN TO STK USING NEW B/N								

120	QC21- Final Inspection - Work Order Release	0.00							
<i>*120*</i>		0.00							
QC	Memo								
Quality Control									

MF
13-7-24

Picklist Print

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Work Order ID: 103769
Parent Item: TBA28B
Parent Item Name: CABLE TIE FASTENER

Start Date: 6/25/13

Required Date: 6/26/13

Start Qty: 3.00

Required Qty: 3.00

Comments:

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
TBA28B CABLE TIE FASTENER		Purchased	No				Each	0.0000		3			

DQA: _____ Date: _____



WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order update only ☐

Work Order: _____ Part No. _____ NCR No. _____	DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Suspected Unapproved <input type="checkbox"/>	AGAINST DEPARTMENT/PROCESS <table style="width: 100%;"> <tr> <td>Skid-tube <input type="checkbox"/></td> <td>Crosstube <input type="checkbox"/></td> <td>Water Jet <input type="checkbox"/></td> <td>Engineering <input type="checkbox"/></td> </tr> <tr> <td>Machining <input type="checkbox"/></td> <td>Small Fab <input type="checkbox"/></td> <td>Prod. Eng. Coord. <input type="checkbox"/></td> <td>Quality <input type="checkbox"/></td> </tr> <tr> <td>Thermoforming <input type="checkbox"/></td> <td>Finishing <input type="checkbox"/></td> <td>Rec/Store/Packaging <input type="checkbox"/></td> <td>Other <input type="checkbox"/></td> </tr> <tr> <td>Large Fab <input type="checkbox"/></td> <td>Composite <input type="checkbox"/></td> <td>Supplier <input type="checkbox"/></td> <td></td> </tr> </table>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coord. <input type="checkbox"/>	Quality <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>	
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Root Cause	Date	Step	Qty	Description of work order update or non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Design									
Doc/Data									
Equip/Tooling									
Handling/Pre									
Material									
Operator									
Offset/Setup									
Process									
Supplier									
Training									
Transport									
Unapproved									

FAULT CATEGORY

Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric <input type="checkbox"/> Cracks <input type="checkbox"/> Crimp/Kink/Ripple/Wave <input type="checkbox"/> Cuffs <input type="checkbox"/> Crushing <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Marks/Chatter <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube	General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damage/Defect <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drawing <input type="checkbox"/> Drill Holes <input type="checkbox"/> Finish <input type="checkbox"/> Fit/Function	<input type="checkbox"/> Folio/Program <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete/Unqualified <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Misaligned/off center <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Off-set <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence	<input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Set-up <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other
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Don Street
Bury, Ontario K6A 1K7

Date: 21-Jun-13
Customer Name: Panterra Heli Support Ltd.
Customer Code: PANT01
Telephone No: 905-563-1413
E-mail Address: mike@panterra.ca
Contact Name: Mike Tylee
Issued by: Lisa McMachen

DART RA Number: RA111567 - PART 2
DHS RA Number:
DHS PO #: PO5648
DART Invoice #: INV111718
Customer Ref: 13-519201
PAR/CAR/NCR/SQ: N/A

Quantity	Part Number	Description	Batch Number
1	D4008-041 103760	AUXILIARY TANK FILLER SPLASH GUARD	97595
3	TBA28B 103769	CABLE TIR FASTENER	95863
1	TY25MX 103770	TIE WRAP	1151095

Reason for Return: PARTS ARE IN RECEIVING. MANUAL CREDIT
NEEDED. PLEASE SEE PART 1 OF THIS RA. ALSO REFER TO RA111536

Credit Instructions:

☐ Full credit
☐ None

Return Instructions: Commerical Invoice Yes ☐
Documentation (STC/ARC/ICA) Yes ☐
Packing Slip Yes ☒

Include on Commerical Invoice:
Part Number/Description / Value in USD
Parts are aircraft parts / return to Manufacturer

Shipping Instructions: Prepaid _____ Collect _____ Courier _____
Account # _____

RECEIVING RETURN AUTHORIZATION

Receiver:		Condition of Packaging:		Paperwork:	P/L	Photograph Required
Date:		Freight Company:		RA	NONE	Yes No
Quantity	Part Number	Batch	QC Verification	CHG #	W/O#	Disposition

QC Inspector: _____ Photograph Attached: _____ Condition: _____
Date: _____ Yes No Sealed Complete Short H/W Short Kit No P/W Damaged

QC Comments: _____ Special Return/Rework Instructions: _____
PARTS ARE IN RECEIVING

Issue Credit: Yes No Invoice Amount: MANUAL
GM Approval: _____ Date: _____ Restocking Fee: _____
Freight: _____
Net Credit: _____

Quality Assurance: _____ Close Date: _____

DQA: _____ Date: _____



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